

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11793</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>MICHAEL</u> M <u>WHALEN</u> P.O. Box, Bldg., Room No., if any <u>PO BOX 224</u> Street <u>101 WILLIAM ST.</u> City <u>BUFFALO</u> State <u>Illinois</u> ZIP Code + 4 <u>62515</u>	4. Name, file number, and address of labor organization. Name <u>IRON WORKERS LOCAL #46</u> Labor Organization File Number <u>019-964</u> P.O. Box, Building and Room Number, if any Street <u>2888 E. Cook St.</u> City <u>Springfield</u> State <u>Illinois</u> ZIP Code + 4 <u>62703</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael M Whalen

On

8/10/2005

Date

(217) - 528 - 4041

Telephone Number

Name of Person Filing MICHAEL WHALEN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12.b. Amount. _____
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>ST. L.DIST.COUNIL WELFARE, PENSION& ANNUNITY</u> Trade Name, if any: <u>TEDRO</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2160 SOUTH FOSTER AVE.</u> City <u>WHEELING</u> State <u>Illinois</u> ZIP Code + 4 <u>60090</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> JANUARY 2004 AIRPORT HILTON RM 226.88 BRECKFAST-18.94, LUNCH-43.69, DINNER LUMBARBO-72.79 APRIL 2004 WESTIN ST LOUIS RM.-424.26 BRECKFAST-18.34 LUNCH-35.02, DINNER CARMINES-87.76 BREAKS-28.80 JULY 2004 WESTIN ST LOUIS RM.-355.34 BREAKFAST-18.34 LUNCH-35.02 </div> 14.b. Amount of payment. _____
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13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$1,365
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ST. L. DICT. COUNIL WELFARE , PENSION&ANNUNITY

Trade Name, if any: TEDRO

P.O. Box, Bldg., Room No., if any

Street 2160 SOUTH FOSTER AVE.

City WHEELING

State Illinois ZIP Code + 4 60090

14.a. Nature of payment.

DINNER-81.17 BREAKS-28.80
OCTOBER 2004 WESTIN ST LOUIS RM.182.64
NEW ORLEANS INTERNATIONAL FOUNDATION EDUCAT...
MEETING REGATATION AND RM. AND MILEAGE-3920.46

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$4,213

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ST LOUIS DISTRICT COUNCIL & VICINITY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3544 WATSON RD.

City ST. LOUIS

State Missouri ZIP Code + 4 63139

14.a. Nature of payment

AUGUST 2004 KY LAKE MEETING
AUGUST 24TH DINNER-\$22.36@ \$11.18 (WIFE)
AUGUST 25TH DINNER \$46.88@ \$23.44 (WIFE)
AUGUST 26TH DINMER \$ 29.90@ \$14.95 (WIFE)

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$99

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ARK ASSET MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 BROAD STREET

City NEW YORK

State New York ZIP Code + 4 10004

14.a. Nature of payment.

FEBRURY 2004 MIAMI SMITH & WOLLENSKY-\$110.28
NOVEMBER 2004 NEW ORLEANS MURIEL'S \$279.04@139.52
(WIFE)

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$389